

Work Order ID 97431

\*97431\*

Page 1

February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Crosstube Aft

Start Date: 2/19/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: MLS Date: 13-02-20 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D407-667-245	Rev F/DEO								
100		0.00							
*100*	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	Photocopy bluefile and create labels as per PPP D407-667-205 CHG007								
110	Pick Kit	0.00							
*110*	Packaging								
Packaging	Memo	0.00							
Packaging									
120		0.00							
*120*	BENDING MACHINE - CROSSTUBES								
CNC Bend 1	Memo	0.00							
CNC Delta 100 Bender,	1-Bend tube as per Dwg D407-667-245 using CNC bender program 407 Aft and Folio 21								

1 Jaber MLS 13-5-13

① S.A.D 13-03-12

DP 13-3-12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

**Work Order ID 97431****\*97431\***

Page 2

February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Crosstube Aft

Stop **\*NS2\***Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC15- Crosstube Dimensional Check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

(DAS  
16  
3-8-13 / 13/03/13

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 97431

\*97431\*

Page 3

February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Crosstube Aft

Start Date: 2/19/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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140

0.00

\*140\*

Crosstubes

Crosstubes

Crosstubes

Memo

0.00

\*\*\*\*\* ENSURE PROPER JIG POSITIONING BEFORE DRILLING\*\*\*\*\*  
VERIFIED BY: MD \*\*\*\*\*

1-Drill pilot holes in tube using drill Jig DT8583 & DT8584 as per Dwg D407-667-245. Drill all (3) top holes. Holes facing inboard. Drill and Ream all holes in tube to finish size using drill Jig DT8583 & DT8584 as per Dwg D407-667-245

\*\*\*\*\* ENSURE PROPER JIG POSITIONING BEFORE DRILLING\*\*\*\*\*  
VERIFIED BY: MD \*\*\*\*\*

2- Drill fwd rivet holes using drill Jig DT8787 fwd as per Dwg D407-667-245. Note: FWD side has 3X top holes facing inboard.

3- C'sink holes as per dwg D407-667-245. Allow rivet to sit below surface to compensate for paint.

4- Flip tube and switch drilling Jigs from right to left, left to right. Locate Jigs off existing holes using "T" pins. Drill ONLY 2 top holes ONLY plug most bottom hole to prevent accidental drilling. Drill holes and ream using drill Jig DT8583 & DT8584 as per Dwg D407-667-245. Drill only the top (2) holes. Drill & ream the top (2) holes to finish size using drill Jig DT8583 & DT8584 as per Dwg D407-667-245

\*\*\*\*\* ENSURE PROPER JIG POSITIONING BEFORE DRILLING\*\*\*\*\*  
VERIFIED BY: MD \*\*\*\*\*

5-Drill aft rivet holes using drill Jig DT8787 aft as per Dwg D407-667-245.

*RM*

13-03-20

*JW*

13-03-20

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>							
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

**Work Order ID 97431**

February-19-13 12:56:59 PM

**\*97431\***

Page 4

Item ID: D407-667-205

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Crosstube Aft

Stop **\*NS2\***Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Drill only the top (2) holes.

\*\*\*\*\* ENSURE PROPER JIG POSITIONING BEFORE DRILLING\*\*\*\*\*  
VERIFIED BY: WJD \*\*\*\*\*

6- C'sink holes as per dwg D407-667-245. Allow rivet to sit below surface to compensate for paint.

7- Scribe tube to identify on the inner chamfer in the cuff D# and B#

8-\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*Debur  
& Inspect for surface damage. Repair damage within limits as per Dwg D407-667-245

150

QC5- Inspect part completeness to step on W/O

0.00

**\*150\***

QC

Memo

0.00

Quality Control

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*



13325

JTW 13-03-20  
JTW 13-03-25

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>	
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# Work Order ID 97431

February-19-13 12:56:59 PM

**\*97431\***

Page 5

Item ID: D407-667-205

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Crosstube Aft

Stop **\*NS2\***

Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160		0.00							
<b>*160*</b>						1	0	0	J.P./AJ
HandFXtube	Memo	0.00							13-03-26
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	1- CLEAN CROSSTUBE WITH WASH'N WIPE								
180		0.00							
<b>*180*</b>									
Outsource2	Memo	0.00							
Outsource process - NDT	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Liquid Penetrant Inspection as per QSI 0380								
	Issue P/O: <b>9433</b> LPI as per ASTM 1417								
	Level 2 Attach copy of NDT results to work order								
190		0.00							
<b>*190*</b>									
Packaging	Packaging	0.00							
Packaging	Memo	0.00							
Packaging	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Ensure copy of NDT results attached to work order.								

CZ 13/03/27 (1)

POA712 13-04-26

143/3/27 (1)

143/3/26 (1)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 97431

\*97431\*

Page 6

February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Crosstube Aft

Stop \*NS2\*

Start Date: 2/19/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200	QC5- Inspect part completeness to step on W/O	0.00				1			
*200*									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
204		0.00				1	0	0	AI
*204*									13-3-26
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION								
206	QC7-Inspect Chemical Conversion Coat	0.00				1			
*206*									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 97431

**\*97431\***

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February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	SprayPaint	0.00							
<b>*210*</b>									
SprayPaint	Memo	0.00							
Spray Painting	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	***Mask underside of crosstube as shown***								
	1-Prime inside and outside crosstube as per DEO D407-667-245 and QSI 005 4.2								
	inside 4:00 - 4:45 124403								
	2-Paint outside crosstube with White Imron as per QSI 005 4.2								
	PRIME: 124403								
	Start Time: 1:15								
	Finish Time: 2:00								
	clear 121625								
	PAINT: 124958								
	Start Time: 2:00								
	Finish Time: 3:15								
220	QC14- Inspect Spray Paint	0.00							
<b>*220*</b>									
QC	Memo	0.00							
Quality Control	Then, Wrap in plastic bag to protect from scratches								

13-4-19

DAS  
16  
13/05/12

(K)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b>  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>  <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 97431

February-19-13 12:56:59 PM

\*97431\*

Page 8

Item ID: D407-667-205

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Crosstube Aft

Stop \*NS2\*

Start Date: 2/19/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
230	Crosstubes	0.00							
*230*									
Crosstubes	Memo	0.00							
Crosstubes	1- Install chafing shield as per DEO D407-667-245. Top holes should be facing up. A/R Proseal 890 Batch: <u>124856</u> EXP: <u>9/13</u>								
	2- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe								
	3- Install support with Scotch-Weld DP460 and install clamps as per DEO Dwg D407-667-245 using installation jig DT9025. Torque clamps as per dwg A/R Scotch-Weld DP460 Batch: <u>183586</u> EXP: <u>11/13</u>								
	4- Install nut plates as per Dwg D407-667-245. Touch-up rivet heads with Imron paint.								
240	QC5- Inspect part completeness to step on W/O	0.00							
*240*									
QC	Memo	0.00							
Quality Control									

Prime 125263  
6:15-7:00  
Clear 123770  
Paint 125226  
7:15-8:00  
A 13-4-29

Pto →

13513

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA Ant Date: 13/05/25QA Closed: CE Date: 13/5/22

Work Order: <u>97431</u> Part No. <u>D407-667-205</u> NCR No. <u>13-21037</u>	<b>DISPOSITION</b> Rework <input checked="" type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input checked="" type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input checked="" type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input checked="" type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data		13/04/23	230	+1	Found that tube was assembled incorrectly.  Supports installed at wrong angle. (Backwards).  R.C. was employee	DAS 15 9-89  13/04/23	Pull all Hardware from tube.	AP 13-4-23	S 13/04/23	DAS 16 9-89  13/04/23
Equip/Tooling							QCS (ED) inspect.	5/13/04/23		
Operator	x						Strain enter tube to size	AP 13-4-24		
Material							QCS (ED) inspect	5/13/04/24	13/04/24	
Setup							Re Built			
Other							Found Small mark during removal. Remind that locator PO 9712	13/04/24	13/05/23	
Process										
Supplier										
Training										
Unapproved										

FAULT CATEGORY QC 7 + QCS

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



# Work Order ID 97431

**\*97431\***

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Item ID: D407-667-205

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
250	Pick Kit	0.00							
<b>*250*</b>									
Packaging	Memo	0.00							
Packaging									
260	QC4- 100% Inspect kits for completeness	0.00							
<b>*260*</b>									
QC	Memo	0.00							
Quality Control									
270	Packaging	0.00							
<b>*270*</b>									
Packaging	Memo	0.00							
Packaging	Identify and in kanban rack								
	Location: <u>053</u>								

DAS  
06  
9-89

135/14

Rev C

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 97431****\*97431\***

Page 10

February-19-13 12:56:59 PM

Item ID: D407-667-205

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 2/19/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 3/08/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

280

QC21- Final Inspection - Work Order Release

0.00

**\*280\***

QC

Memo

0.00

Quality Control

13/5/2108

WL 308-17

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Picklist Print

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Page 1

Work Order ID: 97431  
Parent Item: D407-667-205  
Parent Item Name: Crosstube Aft

Start Date: 2/19/13  
Start Qty: 1.00

Required Date: 3/08/13  
Required Qty: 1.00

Comments: IPP Rev:C 05.09.02 Add holes for compatibility with Bell SkidtubesKJ/JLM  
IPP Rev:D Added Magnobond,Rubber Cushion & Clamps 07-02-19 JLM  
  
\*\*\*\*CHANGE TO CHG 005 - IF USING D2894-1 B35578 OR GREATER\*\*\*\*  
IPP Rev:E 08-05-22 add comment in seq. 6 and QC15 and QC5 DD verified by:EC  
IPP Rev:F 08-06-12 add comment in seq. 24 DD verified by:EC  
IPP Rev:G 08-08-19 revE as per dwg DD verified by:EC  
IPP Rev H 09.01.06 ECN 08-562 EC verified by:DD IPP Rev:I 10.04.07 revise route seq.  
in bom DD verified by:JLM IPP Rev J 11.04.26 removed abrasion strip ecn 11-551 EC verified  
by:DD IPP REV:K 11.10.03 DEO D407-667-245-  
F-2 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
<b>AN5-10A</b> Bolt		Purchased	No			250	Each	88.0000	10	10	123522	7/4	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		87					124800	3/2	
				122800		87							
				ST362		1							
				123533		1							
<b>AN5-32A</b> Bolt		Purchased	No			250	Each	514.0000	4	4	124936		
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST337		514							
				122800		50							
				123522		80							
				124215		384							
<b>AN5-34A</b> Bolt		Purchased	No			250	Each	32.0000	4	4	124805		
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST338		32							
				123525		32							

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input checked="" type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Picklist Print

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Page 2

Work Order ID: 97431

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 2/19/13

Required Date: 3/08/13

Start Qty: 1.00

Required Qty: 1.00

AN960JD516  
Washer

NAS1149D0563J

Purchased No

230 Each 2.0000



18

M123248

Location

Loc Qty

Loc Code

ST504

2

1069059

2

D2873-043

Manufactured No

230 Each 35.0000

2

2

AB 13-5-11

Nut Plate Assembly

98225

Location

Loc Qty

Loc Code

LG052

3

72644

2

84386

1

ST020

32

94327

32

D2873-045

Manufactured No

230 Each 22.0000

2

2

AB 13-5-11

Nut Plate Assembly

98222

Location

Loc Qty

Loc Code

LG050

22

95610

22

D2894-1

Manufactured No

230 Each 9.0000

1

1

AB 13-5-11

2.750 Support

Location

Loc Qty

Loc Code

LG052

9

85797

5

93866

4

D3190-1

Manufactured No

230 Each 27.0000

2

2

AB 13-5-11

Chafing Shield

Location

Loc Qty

Loc Code

LG053

23

75947

23

LG055

4

72576

4

②

②

→ Scrap

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Shop Packet Print

Page 2

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



# Picklist Print

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Page 3

Work Order ID: 97431

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 2/19/13

Required Date: 3/08/13

Start Qty: 1.00

Required Qty: 1.00

D3595-063-450  
RUBBER CUSHION

Manufactured No

230 Each 149.8895 2

2

AP 13-5-11

Location	Loc Qty	Loc Code
<del>99357</del>		
FG	5	
88422	5	
LG051	144.889474	
67353	2	
68893	6	
70113	0.56	
71354	0.2	
74113	0.349474	
75597	1	
80161	1.7	
82511	0.28	
84715	2	
88916	1.8	
90968	1	
94274	107	
96909	21	

(2)

(2) → scrap

D407-667-205TRN  
Crosstube Turning Detail

Manufactured No

110 Each 2.0000

1

1

Location	Loc Qty	Loc Code
LG014	2	
85322	1	
88981	1	

AP 13-3-12

MS20601-AD4W8  
RIVET

Purchased No

230 Each 715.0000

14

14

AP 13-5-11

Location	Loc Qty	Loc Code
ST311	715	
124102	115	
124395	600	

(14)

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Shop Packet Print

Page 3

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

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Page 4

Work Order ID: 97431

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 2/19/13

Required Date: 3/08/13

Start Qty: 1.00

Required Qty: 1.00

MS21042LS  
Nut

Purchased No

250 Each 1,077.0000



4

Shp

Location Loc Qty Loc Code

ST314	377	
108827	4	
116548	43	
119109	20	
121652	12	
122452	286	
2937	12	
ST506	700	
123900	700	

MS21920-22

Clamp(per MIL-DTL-8783C)

Purchased No

230 Each 114.0000

4

4

1235W  
13-5-11

Location Loc Qty Loc Code

LG050	114	
116207	7	
117506	1	
118186	8	
119545	1	
120631	3	
124260	46	
124522	48	

(4)

→ scrap

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Shop Packet Print

Page 4

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

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Work Order ID: 97431

Parent Item: D407-667-205

Parent Item Name: Crosstube Aft

Start Date: 2/19/13

Required Date: 3/08/13

Start Qty: 1.00

Required Qty: 1.00

MS21920-25

Purchased

No

230

Each

65.0000

2

2

Clamp(per MIL-DTL-8783C)

13-5-11

Location	Loc Qty	Loc Code
FG	2	
120920	2	
LG050	35	
116264	2	
117998	4	
118142	4	
119339	2	
119746	2	
120475	3	
120920	7	
123930	3	
124131	8	
LG051	28	
122838	3	
124261	25	

② -> Scrap

② #

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

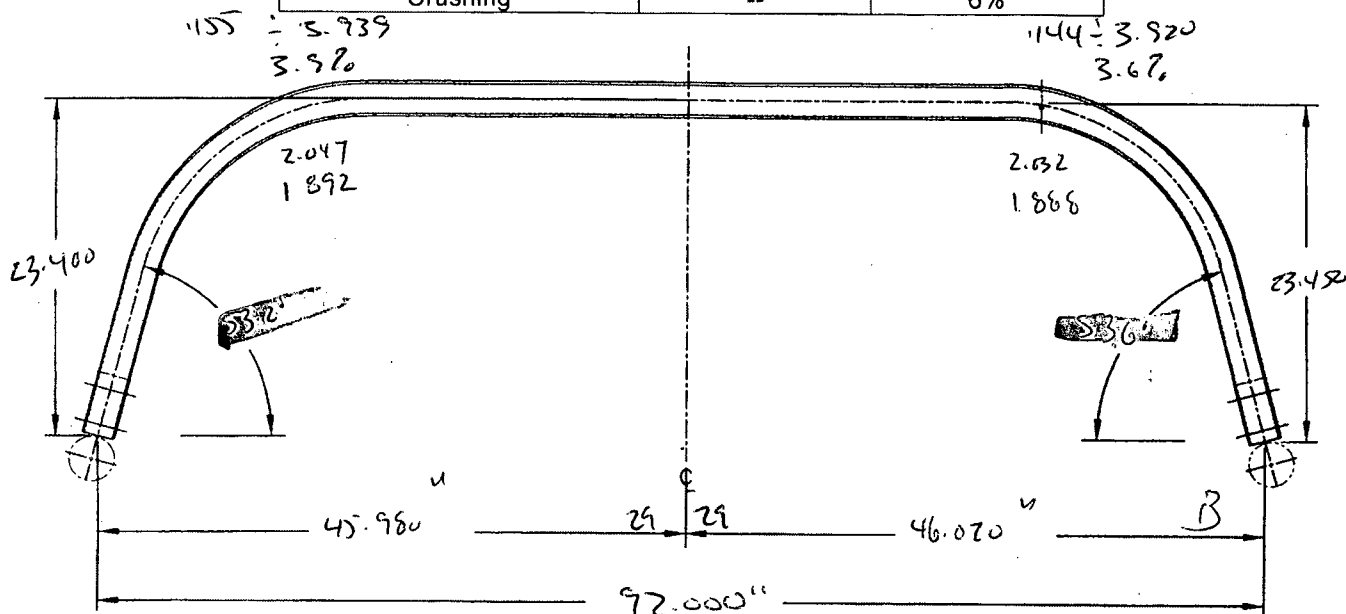
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>	
--	--	--	--	--	--

DART AEROSPACE LTD		Work Order:	97431
Description: Crosstube High Aft (407)		Part Number:	D407-667-205
Inspection Dwg: D407-667-245	Rev: F	Page 1 of 1	

Required Dimension	Min	Max
Height	23.39	23.65
1/2 Span	45.79	46.05
Angle	54	56
Total Span	91.58	92.100
Bending Passes	6	--
Crushing	--	6%



	Side A	Side B
Bending Passes	29	29
Crushing	3.970	3.670
Comments		
Side A = 3.970 crush @ 29 Passes		
Side B = 3.670 crush @ 29 Passes		

Acceptable  
13/3/19

QC15 Inspection	16
Date	13/03/19

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	09.06.22	Dwg Rev updated	KJ	
C	11.08.22	Dimensions updated	KJ	
D	11.09.30	Dimensions updated	KJ	
E	12.04.16	Added bending, crushing dimensions	KJ	

Item	QTY -245	PART NUMBER	DESCRIPTION
1	X	D407-667-245	CROSSTUBE ASSEMBLY (407 HIGH AFT)
2	1	D6011-115	CROSSTUBE
3	2	D2856-400-773	ABRASION STRIP
4	2	D2873-043	NUT PLATE
5	2	D2873-045	NUT PLATE
6	1	D2894-1	SUPPORT
7	2	D3190-1	CHAFING SHIELD
8	2	D3595-063-430	RUBBER CUSHION
9	14	MS20601AD4W8	RIVET (OR NAS9302B-4-8)
10	4	MS21920-22	CLAMP
11	2	MS21920-25	CLAMP (OR MS21920-24)
12	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947- 100, TYPE II, CLASS 2 ADHESIVE)

# GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6011-115  
FINISHED LENGTH = 112.91±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D407-667-245" AND BATCH NUMBER ON  
INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 27.7 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN-OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 6 PASSES. MAXIMUM TUBE FLATTENING DUE TO  
BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND  
6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO  
PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS WITH D3595-063-430 RUBBER CUSHIONS TO SECURE D2894-1  
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE CROSSTUBE  
SUPPORT.  
**NOTE:** MS21920-24 CLAMPS CAN BE USED TO ACCOMMODATE VARYING DIAMETERS.  
ENSURE THERE IS A MINIMUM OF 1.5 THREADS IN SAFETY ON THE NUTS.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE  
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS  
SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT  
LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) INSTALL D2856-400-773 ABRASION STRIP WITH A 0.13 (REF) GAP ON BOTTOM SIDE OF  
CROSSTUBE. PER QSI 035.
- 16) INSTALL D3190-1 CHAFING SHIELDS SO THAT OVERLAP IS ON BOTTOM SIDE OF CROSSTUBE  
OPPOSITE D2894-1 SUPPORT.
- 17) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN  
SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SIP  
UNCONT  
SUBJECT

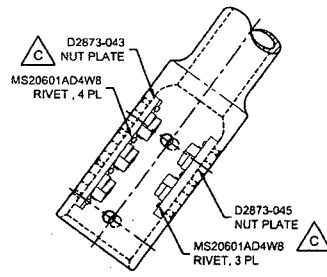
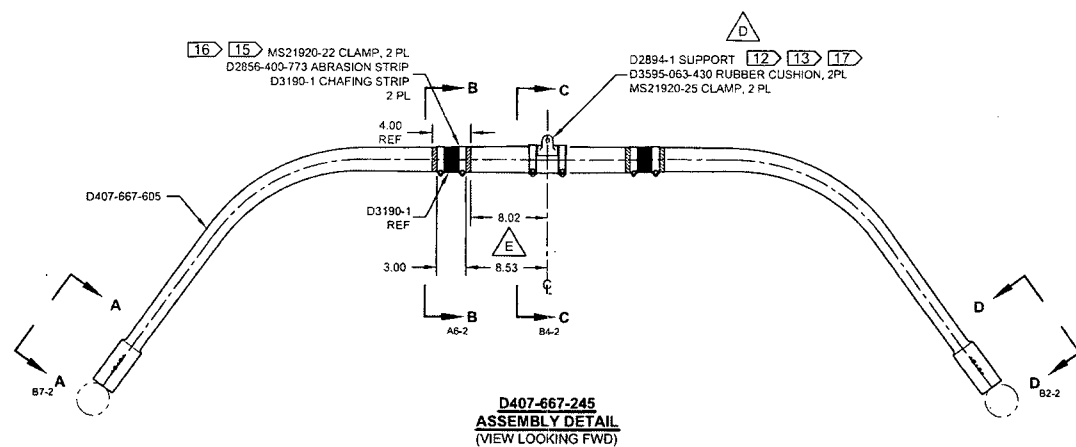
NO. 93431 MCT  
13-02-20

@DEO ATTACHED  
**RELEASED**

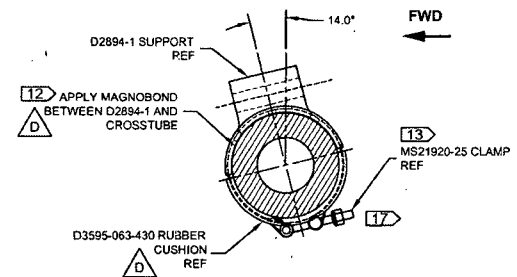
F	REFORMAT NOTES TO NEW STANDARDS (ZN B8-1); RELOCATED FLAG # 6 (ZN A8-3) PER NCR 210; REMOVED REF. & ADD TOLERANCES (ZN C6-3, C4-3 & D2-3)	RF	08.11.06
E	8.02 AND 8.53 WERE 8.40 AND 8.90 (ZN D5-2); REORGANIZED VIEWS AND REFORMATED DRAWING TO CURRENT STANDARDS. REASONS: CLAMPS MOVED 0.375 TOWARD CL TO ELIMINATE INTERFERENCE WITH AIRCRAFT MOUNTS. REFERENCE: FAR#08-21 AND ECN#1225	MB	08.07.24
D	ADD VIEW FOR OEM SKID HOLES, ROTATE ORIENTATION OF CLAMPS SECTION F-F, REMOVE -851 ABRASION STRIP, ADD MAGNOBOND 6398, ADD CUSHION	PH	07.02.07
C	ADD HOLES AND NUT PLATES FOR COMPATIBILITY WITH BHT/AA SKIDTUBES	PH	05.07.26
B	ADD CHAFING SHIELD	CP	03.05.21
A	NEW ISSUE	CP	02.05.13
REV.	DESCRIPTION	BY	DATE
DESIGN	90	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	90	DRAWING NO.	REV. F
MFG. APPR.	90	D407-667-245	SHEET 1 OF 4
APPROVED	90	TITLE	SCALE
DE APPR.	90	CROSSTUBE ASS'Y (407 HIGH AFT)	NTS
DATE	08.11.06	<small>COPYRIGHT © 2003 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



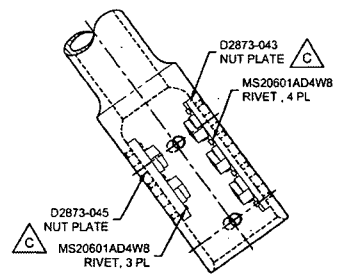
97431



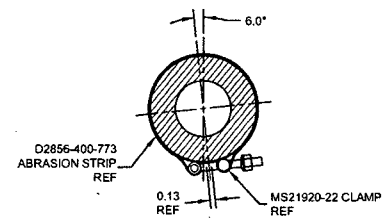
**VIEW A-A CUFF DETAIL**  
SCALE 4X



**SECTION C-C**  
SCALE 4X



**VIEW D-D CUFF DETAIL**  
SCALE 4X

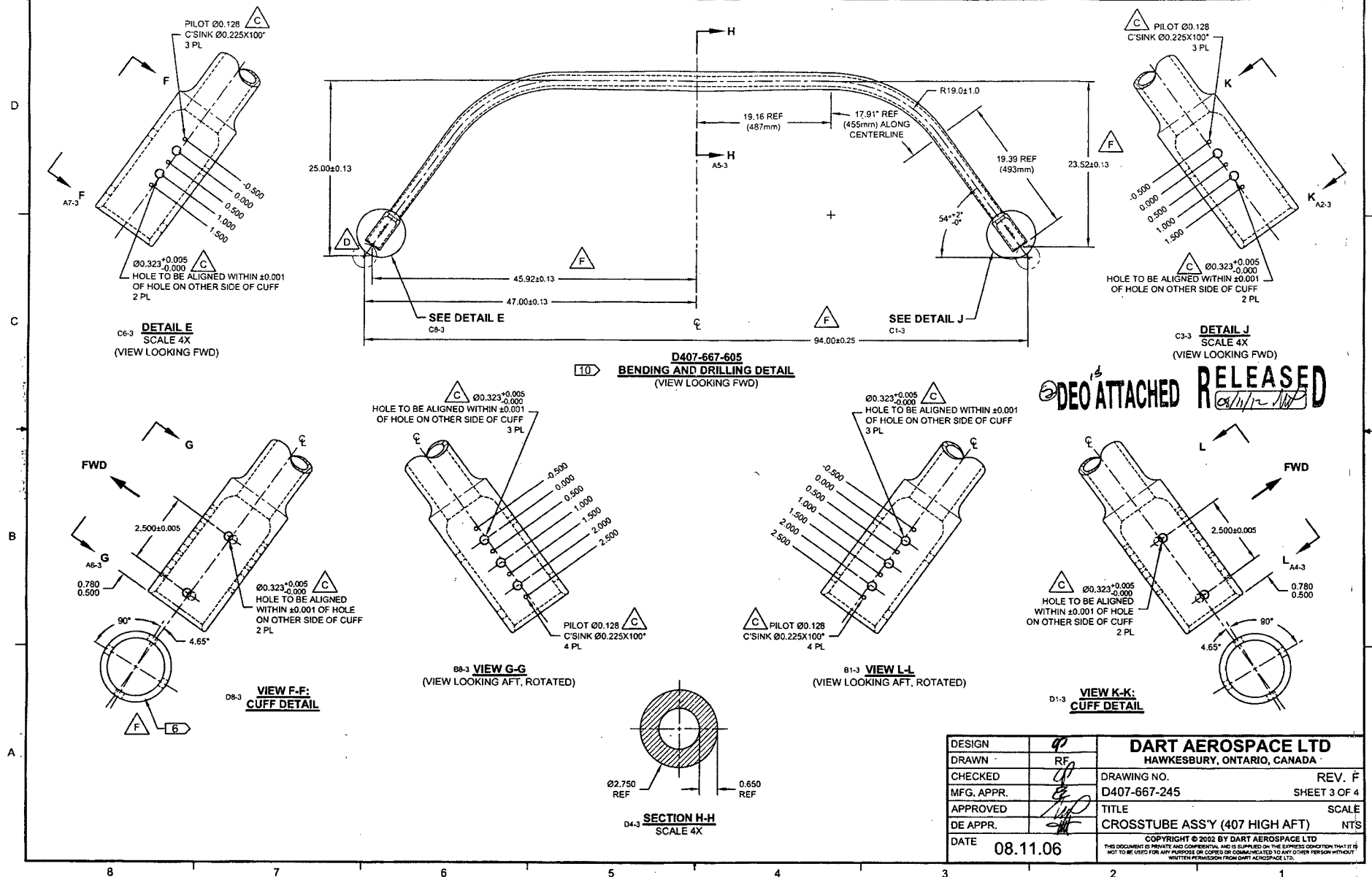


**SECTION B-B**  
SCALE 4X, 2PL

**DEO ATTACHED**  
**RELEASED**  
08/11/06

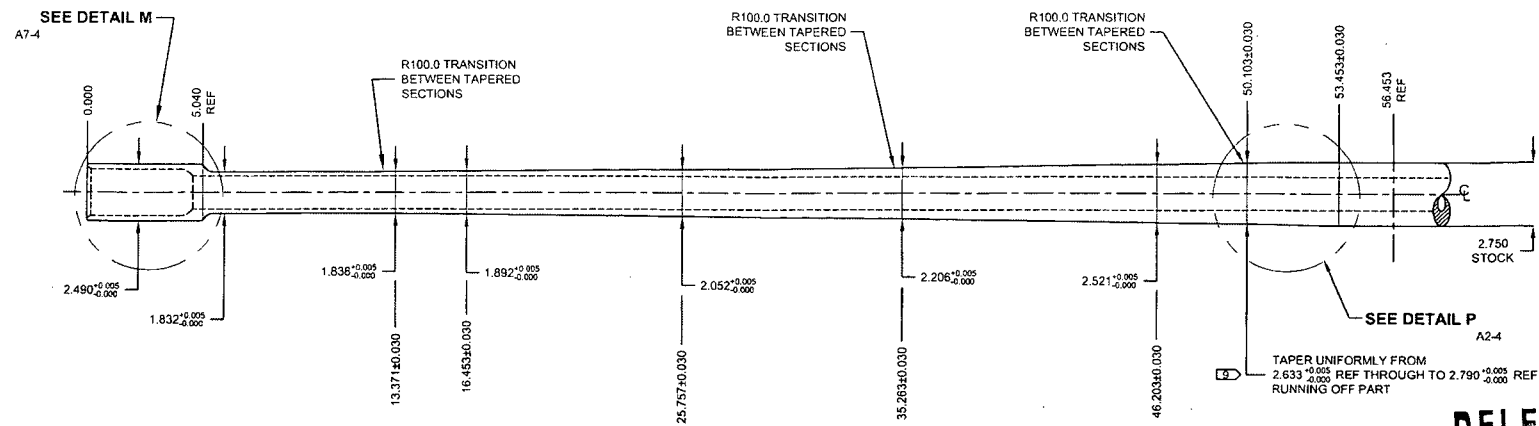
DESIGN	90	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	90	DRAWING NO.	REV. F
MFG. APPR.	90	D407-667-245	SHEET 2 OF 4
APPROVED	90	TITLE	SCALE
DE APPR.	90	CROSSTUBE ASS'Y (407 HIGH AFT)	NTS
DATE	08.11.06	<small>COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE, IN COPY OR COMMUNICATION TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

97431

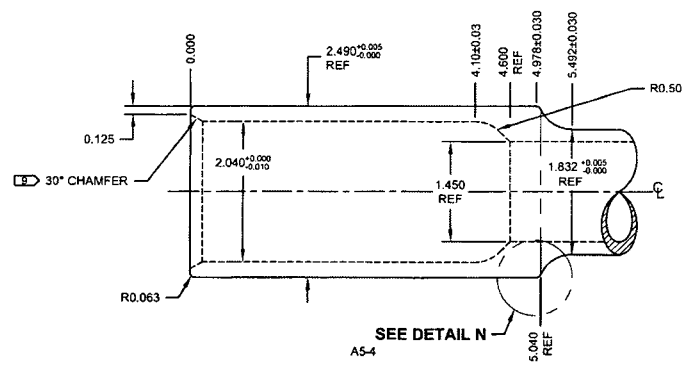


DESIGN	97	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. F
MFG. APPR.	RF	D407-667-245	SHEET 3 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE ASS'Y (407 HIGH AFT)	NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD	
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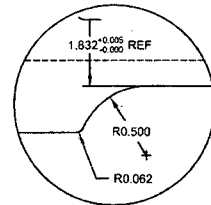
97431



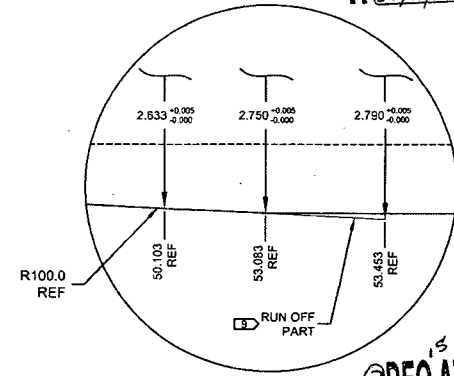
D407-667-245 MACHINING DETAIL



D8-4 DETAIL M: CROSSTUBE CUFF  
SCALE 3X



D8-4 DETAIL N: CUFF TRANSITION  
SCALE 2X



C1-4 DETAIL P: TAPER RUN-OFF  
NOT TO SCALE

RELEASED  
08/11/12 JWD

DEO ATTACHED

DESIGN	90	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	CP	DRAWING NO.	REV. F
MFG. APPR.	EF	D407-667-245	SHEET 4 OF 4
APPROVED	EF	TITLE	SCALE
DE APPR.	EF	CROSSTUBE ASSY (407 HIGH AFT)	NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

97431

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASSY (407 HIGH AFT)	REV. F	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D407-667-245-F-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN B	CHECKED P	MFG. APPR. E	APPROVED M	DE APPR. H			
DATE 11.04.08	DATE 11.04.12	DATE 11.04.12	DATE 11.04.12	DATE 11.04.12			

**PURPOSE:**

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

**CHANGE:**

PARTS LIST IS AMENDED AS FOLLOWS:

**IS:**

Item	Qty -245	Part Number	Description
3	0	D2856-400-773	ABRASION STRIP

**WAS:**

3	2	D2856-400-773	ABRASION STRIP
---	---	---------------	----------------

NOTES 2 AND 15, SHEET 1 ARE AMENDED AS FOLLOWS:

**IS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND  
PAINT OUTSIDE PER DART QSI 005 4.2  
REMOVE MASKING AND APPLY CLEAR COAT
- 15) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3190-1  
CHAFING SHIELDS AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL  
PROSEAL D3190-1 CHAFING SHIELDS ONTO CROSSTUBE BY APPLYING A THIN COAT  
OF PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

**WAS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 15) INSTALL D2856-400-773 ABRASION STRIP WITH A 0.13 REF GAP ON BOTTOM SIDE OF  
CROSSTUBE PER QSI 035.

RELEASED  
2011-04-18  
M

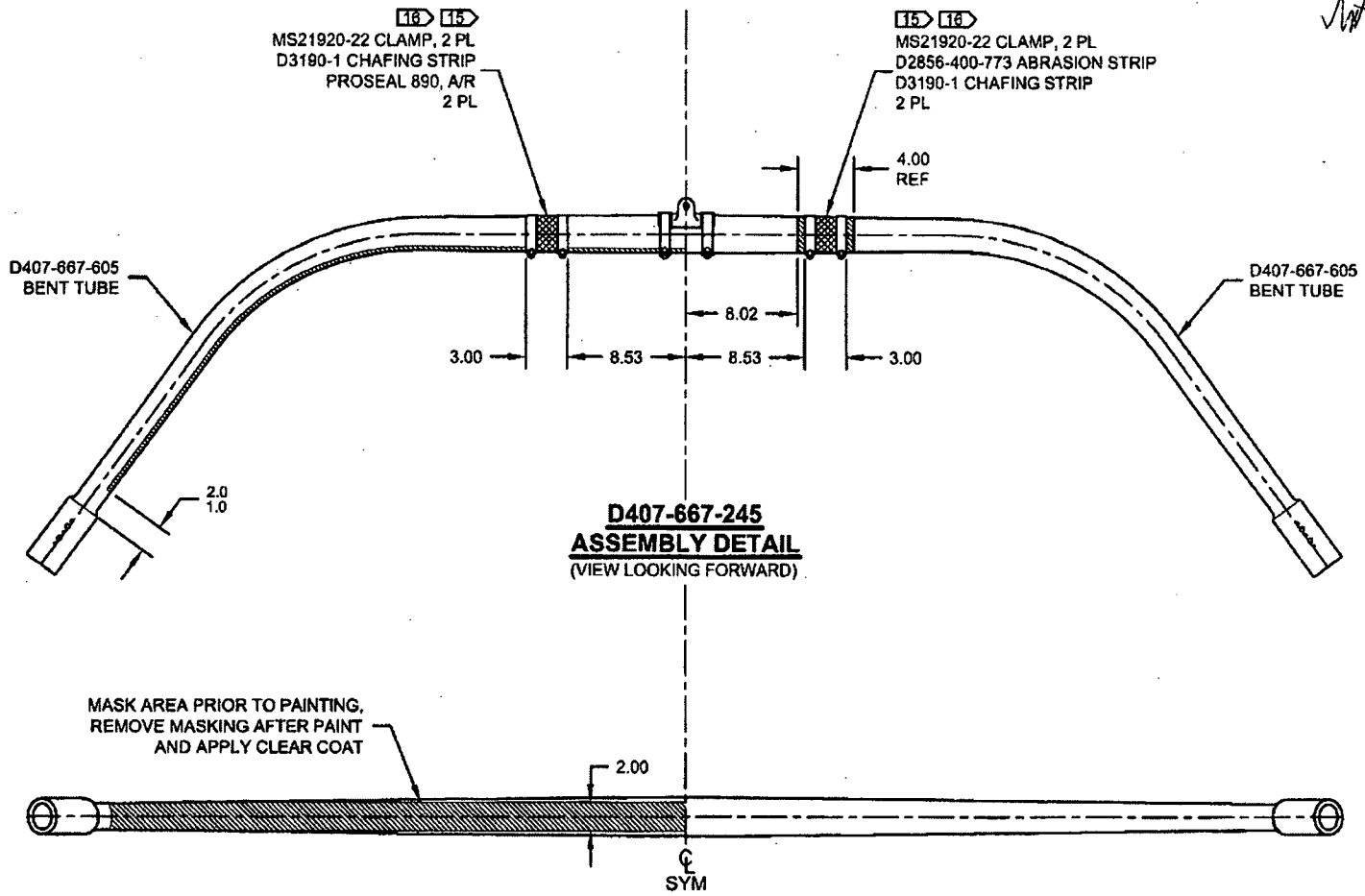
93431

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASSY (407 HIGH AFT)	REV. F	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D407-667-245-F.1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED <i>UP</i>	MFG. APPR. <i>E</i>	APPROVED <i>WP</i>	DE APPR. <i>H</i>		
DATE 11.04.08	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12		

**RELEASED**  
2011-04-18  
*WP*

IS:

WAS:



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97431

DRAWING NO. D407-667-245	TITLE CROSSTUBE ASS'Y (407 HIGH AFT)	REV. F	<b>DART AEROSPACE LTD ENGINEERING ORDER</b>		D.E.O. NO. D407-667-245-F-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>qp</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>IE</i>	APPROVED <i>WP</i>		DE APPR. <i>th</i>		
DATE 11.09.07	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19		DATE 11.09.19		

**PURPOSE:**

REPLACE MAGNOBOND WITH 3M DP460 SCOTCH-WELD EPOXY ADHESIVE

**CHANGE:**

IS:

Item	Qty -245	Part Number	Description
12	A/R	SCOTCH-WELD DP460	EPOXY ADHESIVE, 3M SCOTCH-WELD

WAS:

12	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
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NOTE 12 &amp; 17, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.04" TO 0.07" THICK LAYER OF SCOTCH-WELD DP460 PER QSI 015. LET CURE FOR 24 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER ADHESIVE HAS CURED FOR 24 HOURS.

WAS:

- 12) INSTALL D2894-1 CENTER SUPPORT USING A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**RELEASED**  
2011-09-29  
*md*





## LIQUID PENETRANT TEST REPORT

P- 12154

PAGE 1 OF 1

CLIENT  
ATTENTION  
ADDRESSDart Aerospace  
Chantale Lynda, Andy  
1270 Aberdeen St,  
Hawkesbury, onDATE March 26 2013  
ACUREN JOB No. 188-13-C0231  
PO/WO No.  
WORK LOCATION As Address  
ACCEPTANCE STD. ASTM 1417/0038  
REV./DATE 2005PROJECT  
ITEM(S) EXAMINEDP4 - wet Fluorescent Liquid penetrant Inspection  
- See Below

## JOB DESCRIPTION

PROCEDURE NO. LT-002 REV./DATE 2009  
TECHNIQUE NO. LT-002 REV./DATE 2009

PART NO.

MATERIAL Aluminium/s/s THICKNESS N/A

SCOPE Performed a wet Fluo L.P.I. on 100% of the external surface on Items mentioned Below

## TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	Magna Flux		BLACK LIGHT S/N	13790	
PENETRANT	21-67	MINIMUM DWELL TIME	45	MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 1000 $\mu$ W/cm <sup>2</sup> <input type="checkbox"/> AMBIENT < 2 fc
PENETRANT REMOVER	H <sub>2</sub> O	MINIMUM DRY TIME	>10	MIN.	OTHER
DEVELOPER		MINIMUM DWELL TIME	30	MIN.	LIGHT METER S/N 1098866 CAL DUE DATE oct 2005
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

## TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < - 4°C/ 20°F	<input type="checkbox"/> - 4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

## RESULTS-

☐ METRIC ☐ IMPERIAL

ITEM	COMMENTS	ACCEPT	REJECT
1	Crosstube Aft W.O ID 93265	✓	
2	Crosstube mid Aft W.O ID 96877	✓	
3	Crosstube mid Aft W.O ID 96877	✓	
4	Crosstube Aft W.O ID 97430	✓	
5	Crosstube Aft W.O ID 97431	✓	
6	Crosstube Aft W.O ID 97432	✓	
7	Crosstube Aft W.O ID 97433	✓	
8	Crosstube mid Aft W.O ID 98136	✓	
9	Crosstube mid Aft W.O ID 98137	✓	
10	Crosstube Fuel High W.O ID 98112	✓	
No Relevant Indications were detected As per Applicable standard at the time of Inspection.			

ITEM ID D407-667-205  
Item ID D206-667-207 BL  
Item ID D206-667-207 BL  
Item ID D407-667-205  
Item ID D407-667-205  
Item ID D407-667-205  
Item ID D407-667-205  
Item ID D206-667-207 BL  
Item ID D206-667-207 BL  
Item ID D212-664-101

## Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

## Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

## SIGNATURES

CLIENT REPRESENTATIVE

Andy Shelton

PRINT

Signature

SIGNATURE

DTR # E-120396

TECHNICIAN (SIGNATURE):

Signature

REPORT

REVIEWED BY:

NAME (PRINT):

Alexandre Martaud

1<sup>st</sup> TECHNICIAN2<sup>nd</sup> TECHNICIAN

NAME

INITIALS

CGSB LEVEL

2 SNT LEVEL

CGSB LEVEL

SNT LEVEL

CGSB REG. NO.

10140

CGSB REG. NO.

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY





# LIQUID PENETRANT TEST REPORT

P- 12168

CLIENT	<u>Dart Aerospace</u>	DATE	<u>April 25 2013</u>	PAGE	<u>1</u> OF <u>1</u>
ATTENTION	<u>Chantelle, Linda, Andy</u>	ACUREN JOB No.	<u>188-13-C0246</u>	TIME	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
ADDRESS	<u>1270 Aberdeen St,</u> <u>Hawkesbury, on</u>	PO/WO No.			
		WORK LOCATION	<u>As Address</u>		
		ACCEPTANCE STD.	<u>AS/1417/04/08</u>	REV./DATE	<u>2005</u>
PROJECT	<u>Pt-wet Fluorescent Liquid penetrant Inspection</u>				
ITEM(S) EXAMINED	<u>- See Below</u>				

JOB DESCRIPTION	PROCEDURE No. LT- <del>000</del> REV./DATE <u>2009</u>	TECHNIQUE No. LT- <del>000</del> REV./DATE <u>2009</u>
PART No.	MATERIAL <u>Aluminium/613</u>	THICKNESS <u>-</u>
SCOPE	<u>Performed a wet Fluor L.P.I. on 100% of the external surface only on items mentioned below.</u>	

TEST DETAILS	
METHOD <input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH <input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND <u>Magneflux</u>	BLACK LIGHT S/N <u>13790</u> <input type="checkbox"/> OUTPUT > 1000 $\mu$ W/cm <sup>2</sup> <input type="checkbox"/> AMBIENT < 2 fc
PENETRANT <u>2L-63</u> MINIMUM DWELL TIME <u>45</u> MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER <u>H<sub>2</sub>O</u> MINIMUM DRY TIME <u>&gt;10</u> MIN.	OTHER
DEVELOPER <u>2P-9K</u> MINIMUM DWELL TIME <u>30</u> MIN.	LIGHT METER S/N <u>1092266</u> CAL DUE DATE <u>Oct 2013</u>
DEVELOPER TYPE <input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY	

TEST SURFACE	
SURFACE CONDITION <input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL	
SURFACE TEMPERATURE <input type="checkbox"/> < - 4°C/ 20°F <input type="checkbox"/> - 4°C/ 20°F TO 10°C/50°F <input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F	

RESULTS- ( <input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL )			
ITEM	COMMENTS	ACCEPT	REJECT
1	Cross tube Aft w/ ID 99723	<input checked="" type="checkbox"/>	
2	Cross tube Aft w/ ID 99862	<input checked="" type="checkbox"/>	
3	Cross tube Aft w/ ID 99869	<input checked="" type="checkbox"/>	
4	Cross tube Aft w/ ID 99771	<input checked="" type="checkbox"/>	
5	Cross tube Aft w/ ID 97431	<input checked="" type="checkbox"/>	
a small part on top of the cross tube been re-inspected 6" long x 2 1/2" large only			
<u>No Relevant Indication was detected As per applicable Standard at the time of inspection.</u>			

Scope of Services  
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care  
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES	
CLIENT REPRESENTATIVE <u>Matthew Munday</u>	DTR # <u>E-07991</u>
TECHNICIAN (SIGNATURE): <u>Alexandre Michaud</u>	REPORT REVIEWED BY:
NAME (PRINT): <u>Alexandre Michaud</u>	NAME INITIALS
CGSB LEVEL <u>2</u> SNT LEVEL <u>2</u>	CGSB LEVEL SNT LEVEL
CGSB REG. No <u>101412</u>	CGSB REG. No

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PINK - TECHNICIAN COPY

GOLD - OFFICE COPY

Part Number D407-667-205  
Description 407 AFT CROSS TUBE

[illegible]